



# Instructions For Completing SFCA Proposal Forms

All proposals must be typed in black ink and submitted in the format described. Type must not be smaller than 10 point size. No photographic or graphic enhancements are allowed on the application forms.

Applicants should include all necessary and important information on the designated forms. Applicants must use forms printed in the official Requests for Proposals booklet or from the compact disk. Supplementary materials such as brochures and newsletters are not forwarded to panelists but are made available at the panel meetings.

*NOTE: Omitted information or errors in calculation can make it difficult for panelists to assess your project accurately and may result in no funding or less funding.*

## I. Applicant Profile Form

The name of the organization that is submitting and signing the proposal form must be identical to that on the IRS determination letter of tax exemption and as registered with the Business Registration Division of the Department of Commerce and Consumer Affairs.

## II. Proposal Forms

Applicants must complete a separate application for each program area for which a project is being proposed. Applicants who may propose more than one project in one or more program areas may do so but a separate application must be completed for each.

### A. Project Title/Project Summary:

Give a title to the project or program proposed, not to exceed 40 spaces. If proposed activities represent general operational support of your organization, include the word "Basic" as part of your title. (Only one "Basic" proposal per organization per year is allowable. For the FY2005-2006 and 2006-2007 biennium, "Basic" proposals only will be considered for organizations with operating budgets of less than \$500,000.) Provide a brief description of the project.

### B. Name:

The name on this application should be the same as that on the Profile Form.

**Contact Person:** Should be someone who can answer questions that SFCA staff and review panels may have regarding this proposal and who is available throughout the entire review period.

**Phone & Fax Numbers/E-Mail:** The contact person should be available at these numbers during the review period and on the day the panel is reviewing this project, should there be any questions.

### C. Project Period:

Project dates should be within a single and

appropriate fiscal year.

### D. Program Area (Discipline):

Indicate the program area in which the proposal is submitted.

### E. Project Race:

Indicate if the project for which you seek funding clearly emphasizes the culture or traditions of any one race. If your project does not emphasize the culture or traditions of one race, please code it as "General." If you seek or receive support for administrative or artistic expenses for many projects and cannot use one racial code, please code these projects also as "General" or "G".

### F. Islands Served:

Check those directly served by the proposed project.

### G. Description of Proposed Project:

Describe clearly and precisely the project, program, and/or activities proposed to be carried out with funds requested from the SFCA. Include the dates and locations of the activities, and specific artists, scholars, educators, community resource persons, or other professionals or specialists, directly involved in the project or program proposed, along with single-page resumés. *Include a listing of key staff and a description of their roles and responsibilities.* Clarify roles if one person does more than one job. **IMPORTANT:** Include in your narrative comments on how the project aligns with the SFCA's strategic priorities as listed on page 2. (Use additional sheets if necessary.)

### H. Individuals Benefiting:

Estimate the total audience, participants, students, etc. (excluding employees and/or paid performers) that are anticipated to benefit directly from this project.

### I. Artists Participating:

Estimate the total number of artists directly involved in providing art or artistic services specifically identified with the project, including artists whose work is

represented.

### J. Other Professionals Participating:

Estimate the number of employees or other individuals involved in carrying out the project.

### K. Project Audience:

The SFCA receives funds that may target serving specific constituencies. Indicate if the project provides activities that reach the audiences listed.

### L. Need and Impact:

Explain the need for this project in the community. Describe the impact of the services, the intended target group or audience, and the number of individuals who are expected to benefit. Include any specific plans that you may have to reach special or underserved audiences.

### M. Publicity:

Explain clearly and specifically how the activities and events proposed will be publicized.

### N. Evaluation:

Explain how the proposed project or program will be evaluated. Indicate quantifiable measures (e.g., number of performances planned and completed, percent and type of ratings from audience surveys, or hours of class time.) Include the planned measures against which you will evaluate activities in your project or program description (e.g., 30 performances or 5 weekly classes of 1 ½ hours for 40 weeks.)

### O. Proposed Budget—Expenses (indicate figures in dollars, no cents):

List and identify the anticipated expenses for each item in the first column, "Total Cash Expenses," and the portion of the cash expenses that will be paid with SFCA funds being requested in the second column, "SFCA Share." In the third column list in-kind (non-cash) contributions to the project.

For a project that is titled "Basic" the proposed budget submitted should be

your organization's overall operating budget excluding special projects, capital expenditures, and endowments.

*If you summarize any or all items on this SFCA form, provide a budget breakdown as an attachment.*

## 1. Personnel Costs (Employees)

### a. Administrative

Payment for employee salaries, wages, and benefits specifically identified with the project for executive and supervisory administrative staff, program directors, managing directors, business managers, press agents, clerical staff such as secretaries, typists, bookkeepers, and support personnel such as maintenance and security staff, ushers, and other front-of-the-house and box office personnel.

See example below.

#### Example: Payment for Employee Salaries

No. of persons	Rate	x	No. hrs.	Total	SFCA Share
1	\$5.00	x	100 hrs	\$500	\$250

### b. Artistic/Professional

Payments for employee salaries, wages, and benefits specifically identified with the project, for artistic directors, conductors, curators, dance masters, composers, choreographers, designers, video artists, film makers, painters, poets, authors, historians, archivists, sculptors, graphic artists, actors, dancers, singers, musicians, instructors, puppeteers, or others.

### c. Technical/Production

Payments for employee salaries, wages, and benefits specifically identified with the project, for technical management and staff, such as technical directors; wardrobe, lighting and sound crew; stage managers, stage hands; video and film technicians; exhibit designers, preparators, and installers.

## 2. Outside (Non-Employees) Fees and Services

### a. Artistic/Professional

Payments to firms or persons for the services of individuals who are not normally considered employees of the applicant but consultants, or the employees of other organizations, whose services are specifically identified with the project. Include artistic directors, conductors, curators, historians, archivists, dance masters, composers, choreographers, designers, video artists, film makers, painters, poets, authors, sculptors, graphic artists, actors,

dancers, singers, musicians, teachers, instructors, etc., serving in non-employee/non-staff capacities.

### b. Other

Payments to firms or persons for non-artistic/professional services of individuals who are not normally considered employees of the applicant but consultants or the employees of other organizations, whose services are specifically identified with the project.

## 3. Other Expenses

### a. Space Rental

Costs specifically identified with the project for rental office, rehearsal, theater, hall, gallery and other such spaces.

### b. Travel

Costs for travel of specifically identified individual(s) in the project. Include number of persons and their travel destination to and from, per diem, fares, taxis, mileage allowances on personal vehicles, car rental costs, etc. For transportation not connected with the travel of personnel such as trucking, shipping, or hauling expenses, see item (d) "Remaining Operating Expenses."

### c. Marketing (Promotion)

Costs for marketing/publicity/promotion specifically identified with the project. Include costs of newspaper, radio and television advertising, typesetting, printing and mailing of brochures, flyers and posters, and space rental when directly connected to publicity, advertising, or promotion.

### d. Remaining Operating Expenses

Costs of specifically identified supplies and materials not entered in other categories and necessary to the project. May include scripts and scores, lumber and nails, paints and brushes, sets and props, costumes, equipment rental, and archival or conservation supplies.

Specified expenses not entered in other categories and identified with the project may include electricity, telephone and telegraph, postage, storage, interest charges, insurance fees, trucking, non-structural renovations or improvements, and shipping and hauling expenses. (Note that some of these expenses do not qualify for SFCA funding.)

## P. Proposed Budget—Cash Income (Indicate figures in dollars, no cents):

List the anticipated cash income and identify the sources for each item. *Indicate whether the*

*funds have been awarded or are pending.*

## 1. Fees Collected

### a. Admissions and Fees

Income expected from the sale of admissions, tickets, subscriptions, memberships, registration fees, or other items, for events or activities attributable or prorated to the project.

### b. Contracted Services Revenue

Projected fees from the sale of services. Include the sale of workshops, etc., to other community organizations, government contracts for specific services (DO NOT INCLUDE SFCA REQUEST HERE), performances, residency fees, or tuition.

## 2. Private Corporate or Foundation Support

Cash contributions expected for this project from businesses, corporations, or private foundations or a proportionate share of such contributions allocated to this project.

### Other Private Contributions

Cash donations expected from groups or individuals for this project or a proportionate share of general donations allocated to this project. Include gross proceeds from fund-raising events. Do not include corporate, foundation, or government contributions and grants.

## 3. Federal Grants or Awards

Cash grants or appropriations given for this project by agencies of the federal government or a proportionate share of such grants or appropriations allocated to this project.

## 4. State/Regional/County Support

Cash grants, appropriations, or awards given for this project (other than those requested from SFCA) by agencies of the state government, county, and/or multi-state consortiums of state agencies, or a proportionate share of such grants, appropriations, or awards allocated to this project. (DO NOT INCLUDE SFCA REQUEST HERE.)

## 5. Other Revenue

Cash income from sources other than those listed above. Include investment income, catalog sales, advertising space in programs, gift shop income, concessions, parking, sales of products, posters, T-shirts, or other.

## 6. Applicant Cash

Funds from the applicant's accumulated resources that applicant plans to provide to the proposed project.



## PROFILE FORM

Name of Applicant Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_

Congressional District \_\_\_\_\_ State Senate District \_\_\_\_\_ State House District \_\_\_\_\_

Principal Administrative Officer \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**A** Is your organization non-profit and determined to be tax-exempt by the IRS? ☐ Yes ☐ No

**B** GRANTEE RACE (federal reporting requirement) *Check One*  
(Racial composition of staff, or board, or membership)

- ☐ A 50% or more Asian
- ☐ B 50% or more Black/African American
- ☐ H 50% or more Hispanic/Latino
- ☐ N 50% or more American Indian/Alaska Native
- ☐ P 50% or more Native Hawaiian/Pacific Islander
- ☐ W 50% or more White
- ☐ 99 50% or more No single group

**C** ACCESSIBILITY PROFILE

The SFCA encourages programs and activities to be readily accessible and usable by older adults and persons with disabilities (such as, but not limited to, learning disabilities; physical, emotional or mental disabilities; or persons with life threatening diseases). Please indicate below the accommodations you make possible to reach these constituencies:

- ☐ Scheduling, such as special tours, viewings, or visits
- ☐ Services such as sign language interpretation, wheel chair availability, provided transportation
- ☐ Adapted materials such as print in large type, closed captioned videotapes, and/or audiotapes of performances, exhibits, lectures, etc.
- ☐ Programming such as classes, lecture demonstrations, etc. for audiences with special needs
- ☐ Tickets/admission discounts
- ☐ Other, specify: \_\_\_\_\_

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SFCA USE ONLY - DO NOT WRITE IN THIS AREA

☐ Eligible ☐ Ineligible

APPLICANT NUMBER: \_\_\_\_\_



## PROFILE FORM ( CONT.)

### **D** BRIEF DESCRIPTION OF THE ORGANIZATION

1. Year Founded: \_\_\_\_\_
2. Purpose/Mission Statement of the Organization:

3. Major Activities and Attendance Levels:

4. Description of Management and Artistic Staff including board members: A list may be attached.

### **E** MEMBERSHIP PROFILE

If you are a membership organization, indicate your current membership count by:

No. of individuals \_\_\_\_\_ No. of organizations \_\_\_\_\_

## PROFILE FORM (cont.)

**F** SOURCES OF INCOME FOR MOST RECENTLY COMPLETED FISCAL YEAR: Year \_\_\_\_\_

Admission and Other Fees . . . \_\_\_\_\_

Fees from Contractual Services . . . . . \_\_\_\_\_

Corporate and/or Foundation Support .....

Other Private Support (Individuals).....

Government Support - Federal \* .....

Government Support - State/Regional/County \* .....

Membership Revenue . . . . .

Other Revenue (Specify) . . . . \_\_\_\_\_

.....

.....

Subtotal Cash Income . . . . .	<u>\$18,790</u>
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SFCA Amount Received (if applicable) \*\* .....

**TOTAL CASH INCOME** . . . . . \_\_\_\_\_

**G** ORGANIZATION'S TOTAL OPERATING BUDGET:

	Most Recently Completed Fiscal Year	Estimate for Fiscal Year 2004-2005	Estimate for Fiscal Year 2005-2006
Operating Income	_____	_____	_____

Operating Expenses		
	<u>                    </u>	<u>                    </u>

**H** OTHER SFCA PROPOSAL SUBMITTED DURING THIS APPLICATION PERIOD:

Title: \_\_\_\_\_

Discipline Area: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

\* Include all grants, awards, and appropriations **except** SFCA awards.  
Include SFCA amount after Subtotal Cash Income.

\*\* Include SFCA amount received in the last complete fiscal year.

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## PROPOSAL FORM

(JULY 1, 2005 - JUNE 30, 2006)

**A** PROJECT TITLE \_\_\_\_\_  
40 characters maximum

PROJECT SUMMARY (30 word limit)

**B** NAME OF ORGANIZATION \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Project Director \_\_\_\_\_ Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Available From (Date to Date) \_\_\_\_\_ Phone (Day) \_\_\_\_\_

Fax (Day) \_\_\_\_\_ E-Mail \_\_\_\_\_

**C** PROJECT PERIOD

Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Month Day Year Month Day Year

**D** PROGRAM AREA/DISCIPLINE: Check one.

- ☐ AE Arts in Education
- ☐ CA Community Arts
- ☐ HP Heritage and Preservation
- ☐ PR Presentation

**E** PROJECT RACE (federal reporting requirement) Check One  
(Project clearly emphasizes the traditions or culture of one particular race)

- ☐ A Asian
- ☐ B Black/African American
- ☐ H Hispanic/Latino
- ☐ N American Indian/Alaska Native
- ☐ P Native Hawaiian/Pacific Islander
- ☐ W White
- ☐ 99 No single group

**F** ISLANDS SERVED DIRECTLY BY THIS PROJECT

☐ Hawai'i ☐ Kaua'i ☐ Lana'i ☐ Maui ☐ Moloka'i ☐ O'ahu

## PROPOSAL FORM (cont.)

(JULY 1, 2005-JUNE 30, 2006)

### **G** DESCRIPTION OF PROPOSED PROJECT

Describe clearly and precisely the project, program, and/or activities proposed to be carried out with funds requested from SFCA. As part of your narrative, you **MUST INCLUDE A LIST** of the dates and locations of your proposed activities and specific artists, scholars, instructors, community resource persons, and other professionals or specialists directly involved in the project or program proposed. You must also comment on how your project is pertinent to the SFCA strategic plan priorities listed on page 2. *(Attach additional sheets if necessary).*

**H** NUMBER OF INDIVIDUALS BENEFITING (estimate) \_\_\_\_\_  
(Total audience, participants, students, etc., *excluding* employees and/or paid performers)

**I** NUMBER OF ARTISTS PARTICIPATING (estimate) \_\_\_\_\_

**J** NUMBER OF OTHER PROFESSIONALS PARTICIPATING (estimate) \_\_\_\_\_



## PROPOSAL FORM (cont.)

(JULY 1, 2005-JUNE 30, 2006)

ANSWER ALL ONLY IN THE SPACE PROVIDED. PLEASE BE SPECIFIC.

**K** PROJECT AUDIENCE: Please indicate if the project provides activities for the following constituencies (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> At-risk youth      | <input type="checkbox"/> Economically disadvantaged persons |
| <input type="checkbox"/> Families           | <input type="checkbox"/> Older adults                       |
| <input type="checkbox"/> Children and Youth | <input type="checkbox"/> Persons with disabilities          |

Comments:

**L** NEED AND IMPACT OF THE PROJECT: What is the need in the community for this project? Who will benefit from the project and how? How did you work with the community to develop the proposal? How will new or special audiences be reached?

**M** PUBLICITY: Explain clearly and specifically how the project will be publicized and to which specific audiences.

**N** EVALUATION: Indicate clearly and specifically the quantitative and qualitative measurements to be used in evaluating this project. How will you determine that your project was successful?

**PROPOSAL FORM (cont.)**

(JULY 1, 2005-JUNE 30, 2006)

**0 PROPOSED BUDGET — EXPENSES**

1. Personnel Costs (Employees)	No. of persons	Rate of pay	No. of hrs. (unless fee based)	=	Total Cash Expenses (incl. SFCA share)	SFCA Share	In-Kind \$ Value (but non-cash)
<b>a. Administrative</b>							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>b. Artistic/Professional</b>							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>c. Technical/Production</b>							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>2. Outside (Non-Employee) Fees and Services</b>							
<b>a. Artistic/Professional</b>							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>b. Other</b>							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>3. Other Expenses</b>							
<b>a. Space Rental</b>							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
<b>b. Travel</b>							
<b>Transportation</b>							
No. of Persons:	_____	From: _____	To: _____		\$ _____	\$ _____	\$ _____
	_____	From: _____	To: _____		\$ _____	\$ _____	\$ _____
	_____	From: _____	To: _____		\$ _____	\$ _____	\$ _____
<b>Per Diem</b>							
		Rate	Days				
No. of Persons:	_____	x \$ _____	x _____		\$ _____	\$ _____	\$ _____
	_____	x \$ _____	x _____		\$ _____	\$ _____	\$ _____
	_____	x \$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>Other</b>							
_____					\$ _____	\$ _____	\$ _____
<b>c. Marketing (Promotion)</b>							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
<b>d. Remaining Operating Expenses</b>							
<b>Supplies and Materials</b>							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
<b>Other Expenses</b>							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
<b>TOTALS</b>					\$ _____	\$ _____	\$ _____

**PROPOSAL FORM (cont.)**

(JULY 1, 2005-JUNE 30, 2006)

**P** PROPOSED BUDGET — INCOME

## 1. Fees Collected

## a. Admission and Fees

## Cash Revenue

_____	persons	x	\$ _____	per	_____	\$ _____
_____	persons	x	\$ _____	per	_____	\$ _____
_____	persons	x	\$ _____	per	_____	\$ _____
_____	persons	x	\$ _____	per	_____	\$ _____
_____	persons	x	\$ _____	per	_____	\$ _____

## b. Contracted Services

_____	\$ _____
_____	\$ _____

## 2. Private Corporate or Foundation Support

_____	\$ _____
_____	\$ _____
_____	\$ _____

## a. Other Private Contributions

_____	\$ _____
_____	\$ _____
_____	\$ _____

## 3. Federal Grants or Awards

_____	\$ _____
_____	\$ _____
_____	\$ _____

## 4. State/Regional/County Support (list individually)

_____	\$ _____
_____	\$ _____
_____	\$ _____

## 5. Other Revenue

_____	\$ _____
_____	\$ _____
_____	\$ _____

## 6. Applicant Cash (including trust funds)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Subtotal	\$ _____
SFCA Funds requested for this project	\$ _____

<b>TOTAL CASH REVENUE</b>	<b>\$ _____</b>
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## PROPOSAL FORM (cont.)

JULY 1, 2005-JUNE 30, 2006

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### CERTIFICATION

The information contained in this Form is correct to the best of my knowledge and has been duly authorized by the governing body of the applicant based on the terms, conditions and specifications set forth in the SFCA Grant Guidelines. I understand that this form must be submitted to the State Foundation on Culture and the Arts **prior to 4:30 pm on November 22, 2004** or **postmarked no later than November 22, 2004**.

#### Authorizing Official(s):

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (PRINT OR TYPE) \_\_\_\_\_

Title \_\_\_\_\_

Telephone (Res.) \_\_\_\_\_ (Bus.) \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (PRINT OR TYPE) \_\_\_\_\_

Title \_\_\_\_\_

Telephone (Res.) \_\_\_\_\_ (Bus.) \_\_\_\_\_ Fax \_\_\_\_\_

## PROPOSAL FORM

(JULY 1, 2006-JUNE 30, 2007)

**A** PROJECT TITLE \_\_\_\_\_  
40 characters maximum

PROJECT SUMMARY (30 word limit)

**B** NAME OF ORGANIZATION \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Project Director \_\_\_\_\_ Phone \_\_\_\_\_  
Fax \_\_\_\_\_ E-Mail \_\_\_\_\_  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_  
Available From (Date to Date) \_\_\_\_\_ Phone (Day) \_\_\_\_\_  
Fax (Day) \_\_\_\_\_ E-Mail \_\_\_\_\_

**C** PROJECT PERIOD  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_  
Month Day Year Month Day Year

**D** PROGRAM AREA/DISCIPLINE: Check one.

- ☐ AE Arts in Education
- ☐ CA Community Arts
- ☐ HP Heritage and Preservation
- ☐ PR Presentation

**E** PROJECT RACE (federal reporting requirement) Check One  
(Project clearly emphasizes the traditions or culture of one particular race)

- ☐ A Asian
- ☐ B Black/African American
- ☐ H Hispanic/Latino
- ☐ N American Indian/Alaska Native
- ☐ P Native Hawaiian/Pacific Islander
- ☐ W White
- ☐ 99 No single group

**F** ISLANDS SERVED DIRECTLY BY THIS PROJECT

- ☐ Hawai'i ☐ Kaua'i ☐ Lana'i ☐ Maui ☐ Moloka'i ☐ O'ahu

## PROPOSAL FORM (cont.)

(JULY 1, 2006-JUNE 30, 2007)

### **G** DESCRIPTION OF PROPOSED PROJECT

Describe clearly and precisely the project, program, and/or activities proposed to be carried out with funds requested from SFCA. As part of your narrative, you **MUST INCLUDE A LIST** of the dates and locations of your proposed activities and specific artists, scholars, instructors, community resource persons, and other professionals or specialists directly involved in the project or program proposed. You must also comment on how your project is pertinent to the SFCA strategic plan priorities listed on page 2. *(Attach additional sheets if necessary).*

**H** NUMBER OF INDIVIDUALS BENEFITING (estimate) \_\_\_\_\_  
(Total audience, participants, students, etc., *excluding* employees and/or paid performers)

**I** NUMBER OF ARTISTS PARTICIPATING (estimate) \_\_\_\_\_

**J** NUMBER OF OTHER PROFESSIONALS PARTICIPATING (estimate) \_\_\_\_\_

## PROPOSAL FORM (cont.)

(JULY 1, 2006-JUNE 30, 2007)

ANSWER ALL ONLY IN THE SPACE PROVIDED. PLEASE BE SPECIFIC.

**K** PROJECT AUDIENCE: Please indicate if the project provides activities for the following constituencies (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> At-risk youth      | <input type="checkbox"/> Economically disadvantaged persons |
| <input type="checkbox"/> Families           | <input type="checkbox"/> Older adults                       |
| <input type="checkbox"/> Children and Youth | <input type="checkbox"/> Persons with disabilities          |

Comments:

**L** NEED AND IMPACT OF THE PROJECT: What is the need in the community for this project? Who will benefit from the project and how? How did you work with the community to develop the proposal? How will new or special audiences be reached?

**M** PUBLICITY: Explain clearly and specifically how the project will be publicized and to which specific audiences.

**N** EVALUATION: Indicate clearly and specifically the quantitative and qualitative measurements to be used in evaluating this project. How will you determine that your project was successful?

# PROPOSAL FORM (cont.)

(JULY 1, 2006-JUNE 30, 2007)

## 0 PROPOSED BUDGET — EXPENSES

1. Personnel Costs (Employees)	No. of persons	Rate of pay	No. of hrs. (unless fee based)	=	Total Cash Expenses (incl. SFCA share)	SFCA Share	In-Kind \$ Value (but non-cash)
<b>a. Administrative</b>							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>b. Artistic/Professional</b>							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>c. Technical/Production</b>							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>2. Outside (Non-Employee) Fees and Services</b>							
<b>a. Artistic/Professional</b>							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>b. Other</b>							
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
_____	# _____	\$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>3. Other Expenses</b>							
<b>a. Space Rental</b>							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
<b>b. Travel</b>							
<b>Transportation</b>							
No. of Persons:	_____	From: _____	To: _____		\$ _____	\$ _____	\$ _____
	_____	From: _____	To: _____		\$ _____	\$ _____	\$ _____
	_____	From: _____	To: _____		\$ _____	\$ _____	\$ _____
<b>Per Diem</b>							
No. of Persons:	_____	x \$ _____	x _____		\$ _____	\$ _____	\$ _____
	_____	x \$ _____	x _____		\$ _____	\$ _____	\$ _____
	_____	x \$ _____	x _____		\$ _____	\$ _____	\$ _____
<b>Other</b>							
_____					\$ _____	\$ _____	\$ _____
<b>c. Marketing (Promotion)</b>							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
<b>d. Remaining Operating Expenses</b>							
<b>Supplies and Materials</b>							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
<b>Other Expenses</b>							
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
_____					\$ _____	\$ _____	\$ _____
<b>TOTALS</b>					\$ _____	\$ _____	\$ _____



**PROPOSAL FORM (cont.)**

(JULY 1, 2006-JUNE 30, 2007)

**P** PROPOSED BUDGET — INCOME

## 1. Fees Collected

## a. Admission and Fees

## Cash Revenue

_____	persons	x	\$ _____	per	_____	\$ _____
_____	persons	x	\$ _____	per	_____	\$ _____
_____	persons	x	\$ _____	per	_____	\$ _____
_____	persons	x	\$ _____	per	_____	\$ _____
_____	persons	x	\$ _____	per	_____	\$ _____

## b. Contracted Services

_____	\$ _____
_____	\$ _____

## 2. Private Corporate or Foundation Support

_____	\$ _____
_____	\$ _____
_____	\$ _____

## a. Other Private Contributions

_____	\$ _____
_____	\$ _____
_____	\$ _____

## 3. Federal Grants or Awards

_____	\$ _____
_____	\$ _____
_____	\$ _____

## 4. State/Regional/County Support (list individually)

_____	\$ _____
_____	\$ _____
_____	\$ _____

## 5. Other Revenue

_____	\$ _____
_____	\$ _____
_____	\$ _____

## 6. Applicant Cash (including trust funds)

_____	\$ _____
_____	\$ _____
_____	\$ _____

Subtotal	\$ _____
SFCA Funds requested for this project	\$ _____

<b>TOTAL CASH REVENUE</b>	<b>\$ _____</b>
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## PROPOSAL FORM (cont.)

JULY 1, 2006-JUNE 30, 2007

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### CERTIFICATION

The information contained in this Form is correct to the best of my knowledge and has been duly authorized by the governing body of the applicant based on the terms, conditions and specifications set forth in the SFCA Grant Guidelines. I understand that this form must be submitted to the State Foundation on Culture and the Arts **prior to 4:30 pm on November 22, 2004** or **postmarked no later than November 22, 2004**.

#### Authorizing Official(s):

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (PRINT OR TYPE) \_\_\_\_\_

Title \_\_\_\_\_

Telephone (Res.) \_\_\_\_\_ (Bus.) \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (PRINT OR TYPE) \_\_\_\_\_

Title \_\_\_\_\_

Telephone (Res.) \_\_\_\_\_ (Bus.) \_\_\_\_\_ Fax \_\_\_\_\_

## STATEMENT IN LIEU OF SUBMITTAL OF ELIGIBILITY DOCUMENTATION

Note: If your organization is *currently funded* by the SFCA you may submit either of these statements.

■ ORGANIZATION \_\_\_\_\_

\_\_\_\_\_  
ENDORSE AS APPROPRIATE

I certify that the above named organization has previously submitted a copy of its IRS letter of tax exemption; its bylaws and policies describing the manner in which business is conducted, specifying that the governing board has no material conflict and serve without compensation; its policies relating to nepotism, the management of conflict of interest situations; documentation which demonstrates at least one year's experience with the project or in the program or activity area for which the request for grant is being made; its policy on smoking; and a signature authorization. I also certify that there **have been no subsequent changes** to those bylaws or policies as of the date of this certification.

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

— OR —

I certify that the above named organization has previously submitted a copy of its IRS letter of tax exemption; its bylaws and policies describing the manner in which business is conducted, specifying that the governing board has no material conflict and serve without compensation; its policies relating to nepotism, the management of conflict of interest situations; documentation which demonstrates at least one year's experience with the project or in the program or activity area for which the request for grant is being made; and a signature authorization. I also certify that there **have been changes** to those bylaws or policies since the last submission. Copies of all such changes up to the date of this certification are attached.

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: If your organization is *not currently funded* by the SFCA, you must submit all documents necessary to establish eligibility at the time of application. Please see the Application Requirements on page 3.**

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